

Report

OF THE

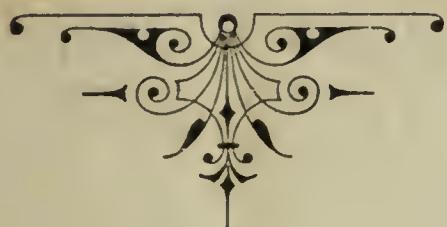
Medical Officer of Health

TO THE

GARSTANG UNION *La*

RURAL DISTRICT COUNCIL

For the Year 1903.



GARSTANG:
H. Wrightson, Printer, Post Office.

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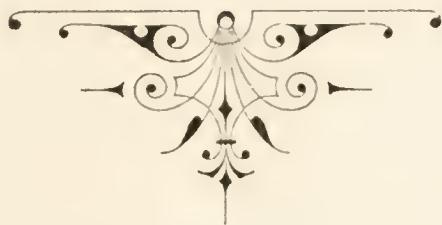
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Garstang Rural District Council.

Annual Report, 1903.

Gentlemen,

I beg to present you with my Annual Report for the last year.
This is my twenty-first Annual Report.

Your work and responsibilities continue to increase and your past year's has been no exception to this rule.

I will now direct your attention to notified cases of Infection, there are 60 for the year.

Membranous Croup	3
Diphtheria	6
Typhoid	29
Erysipelas	1
Scarlet Fever	20
Smallpox	1
<hr/>	
Total.....	60

Six of these notified cases died :—Membranous Croup, 1 ; Typhoid, 3 ; Diphtheria, 2.

The death rate from Infectious diseases being .57 per 1,000.

The notified cases of Typhoid are the largest annual record since I have been your Medical Officer.

Twenty of these cases occurred in the township of Stalmine, and were confined to practically a small area of that township.

I produced a Special Report of this outbreak, with map, which was duly printed and sent to the Local Government Board and County Council.

I drew your especial attention to the very bad sanitary conditions existing here, and that in spite of all precautions the disease continued to spread, apparently by aerial infection.

I have in several of my annual reports called your attention to the fact that Typhoid in country dwellings will persistently spread by aerial infection in spite of all precautions which can be taken in an ordinary farm dwelling.

From prolonged experience and careful observation in your District I am fully convinced that Typhoid should be isolated as far as possible (if not removed to Hospital), and all the usual infectious precautions taken.

Removed, where practicable is undoubtedly the best.

The circumstances of this special outbreak in Stalmine strongly point to the fact, that if the first case had been removed likely no further case would have resulted.

A great amount of suffering and deprivation occurred from this outbreak, and there were also two deaths, aged 26 and 50, two young and useful lives.

Recently also a case of Typhoid occurred in a small isolated Farm-house. Special instructions and precautions were at once issued, but in spite of all, four other inmates of this house were attacked, including two nurses. This I believe to have taken place by aerial infection from the first case.

The farm-house of the ordinary type has no upstairs Water-closet, and all the secretions of the patient are often dealt with under unfavourable conditions, and although these may be effectually dealt with, yet in my opinion the disease will continue to spread in a country cottage or farm-house where the rooms are small and somewhat over crowded.

Whatever view may be taken, whether financially or from a public health point of view, there cannot be any doubt as to the wisdom of removal in a Rural District.

From my own personal experience I also find that the public generally are becoming alive to the importance of this subject, not only for safety of themselves and the patient, but also from a financial aspect.

The continued infection of a country farm-house is a most serious matter, more so is it to a place of business.

I must continue to picture before you Scarlet Fever in a farm-house with a common landing to its bedrooms, and one of these rooms a cheese room, which is common in a Rural District, well stocked with cheese for sale, or possibly already sold. I have seen this on many occasions, and actually more than once the infected patient occupying the cheese room itself.

Again, the milkers of the cows may be the attendants on the infected patients, or the maker of the butter or cheese for the market.

These are the pictures I have on several occasions seen in the past 20 years.

It is impossible to thoroughly cope with such conditions, a special nurse cannot often be afforded, two generally being required. Isolation also in an ordinary farm-house is practically impossible, more so does this apply to the ordinary cottage.

The remedy (the real one) is removal, both for the benefit of the patient, the friends and the public.

I don't think your Council need any longer consider the difficulty of getting consent for the removal of a patient. My opinion is, that when accommodation is forthcoming and the advantages of removal are fully realized, the difficulty will be to keep the patients away.

• Infectious disease is the dread of every household, be that the

labourer in his humble cottage, the farmer, the man of business, or the gentleman of retired means.

Infection is the precursor of trouble all round, all try to shun it. My advice to you is give the residents in your district the real opportunity of removal, and I am of opinion that such can be done economically to the public at large.

What is the estimate of loss of health, life, finance, and education in our country? The account is almost one impossible to render. It is however in any case a human duty to take every step to modify it.

Scarlet Fever.

This disease was chiefly confined to Barnacre-with-Bonds, Forton and Kirkland; at the first-named Township I closed the school. The disease was generally of a mild type, no deaths occurring. Early in the year I closed the Catholic School, Pilling, owing to an epidemic of Influenza there. In September I also closed the Nateby School, owing to a general outbreak of Chicken Pox.

Smallpox.

One case of this disease took place in Garstang, this being removed to the Elswick Conjoint Hospital.

Every precaution was here taken, disinfection, isolation, and re-vaccination, and fortunately there was no other case.

I was unable to trace the infection in this case, which made an excellent recovery.

The Conjoint Hospital at Elswick is in my opinion a very useful combination, and has already proved of great service to several of the districts interested. Had there been no opportunity for removal in this case, secondary infection was almost certain.

With regard to the primary source of infection generally in Smallpox, from prolonged experience, I look upon the itinerant and vagrant as a most dangerous and fertile source. Much might be written and said on this subject, but in this report it is impossible to discuss the question.

Tramp and itinerant life has, in my opinion, become organized to such a degree that special legislation is necessary.

The cultured vagrant going from house to house, from workhouse to workhouse, is generally a combination of ignorance and stupidity, and this combined very generally with filth, he becomes a great source of danger to the Public Health, and the damage he or she may do cannot possibly be fully estimated.

Tramp life in general predisposes to disease, and in my opinion has an effect on the immunity produced by vaccination and re-vaccination, such not being so prolonged as in a person leading an ordinary civilian's life. This, combined with filth, specially predisposes him to Smallpox.

The whole question of vagrancy and its effect on the Public Health of this country requires most careful inquiry and investigation.

At the recent Sanitary Science Congress, held at Bradford, this question was under discussion, and I gave my views on the subject.

Tuberculosis.

Although twelve deaths are registered from this disease, I have not during the year received one single voluntary notification.

This I think is to be regretted since you have allowed a fee for the same.

I feel it my duty to keep this disease before you for many reasons, but the chief reason is, that your district is now a large centre for milk production and the conveyance of such to large town. Especially is this important when I think I may safely say that Tuberculosis is conveyed by milk to children, that this is the case in England there is now little doubt.

It has been proved beyond all doubt that animals fed with food impregnated with human tuberculous sputa contract the disease, and although it may never be definitely proved, yet we are justified in assuming that animal tuberculosis is transmissible to man.

Accidental inoculation has been definitely proved. As practical evidence of the importance of the tuberculous milk question, all the authorities keep a pretty strict look out for Tubercle Bacilli or other injurious bacilli or ingredients in milk.

In all cases where Tubercle Bacilli have been found in milk there is usually a long delay between the sample being taken and the condemnation of the milk.

For instance, a case in your district during the past year. A sample was taken on February 27th and was not reported until April 22nd.

I wish to call your attention to this important matter, because in the interval the same factors are at work, and tuberculous milk is being sent and distributed, or as often happens if the individual cow or cows are suspected they are sold at a low price either to contaminate a herd or milk somewhere else, or to be slaughtered as human food.

This question is one of constant and existing danger, and the farmer has become alive to the position in which he is placed, and as no compensation is forthcoming, a legal and legitimate trade is going on in this country much to the injury of the already over-taxed farmer, and to the general health of the inhabitants of this country. A disease which kills 500,000 people every year in Europe, and 60,000 annually in England alone, every possible effort both in town and country should be brought to bear upon it.

Dr. Nathan Raw has estimated that in Liverpool alone the working classes lose about £300,000 a year in wages when suffering from Consumption. Over 2,000 die annually in that town from Consumption, and between 5 or 6,000 are annually suffering from the disease in its various stages. He estimates that one seventh of the total pauperism of this country is due to Consumption.

The consumptive loses his earning power besides contaminating others. 20 per cent. of all dairy cattle in this country are suffering from Tuberculosis, and 5 per cent. of the dairy cattle suffer from tuberculous udders, but it must be remembered that one cow may contaminate a whole dairy.

The death rate from consumption practically equals the death rate from all other infectious diseases put together.

No wonder that His Majesty the King and also Lord Derby and others of great influence take a keen interest in fighting this terrible scourge by the formation of The National Association for the Prevention of Tuberculosis.

Lord Derby, who during the past year was President of the Royal Institute of Public Health Congress, held in Liverpool, and whose address I had the pleasure of hearing, spoke of two great redeeming points in the country, viz.:—Light and Air. These two attributes are of the most important assistance to the cause of Sanitation. The question of open spaces, good drainage, and good water, are of paramount importance, and the superintendence of food. Then followed an important statement affecting the farmer and the town, and coming from a gentleman who is a large landowner in your district, and is also highly interested in municipal life, and who takes a very keen interest in the Public Health, I will quote his words:—One other point, “the milk supply,” and on this question I think much might be done by a good understanding between the municipalities and the farmer. Corporations should not stretch their powers too far, and the farmers should not take advantage of any slackness, but should endeavour to acquaint themselves with the conditions under which milk should be delivered.

I believe that it is pure ignorance that the majority of the mistakes we have cause to lament under this head arise.

I fully endorse the remarks of his Lordship as bearing upon the milk traffic of your district. There is undoubtedly a tendency to squeeze the farmer on milk production all round, both as to quality and price, and he, as producer, has to run all risks of conveyance and otherwise. Corporations have acquired, and are acquiring special power on this milk question, and as these corporations are not capable of supplying themselves, and yet the wholesale dealers keep down the price, the result is that the farmer who lacks combination and capital is producing genuine milk at a price which often entails loss in a great number of cases to your district.

Legislation has, I fear, placed the interests of the farmer in abeyance, and are made more or less subsidiary to the interest of the Urban Authorities.

As one of your representatives at the Sanitary Institute Congress I spoke and expressed my views on this and other subjects, and my remarks have been duly published and circulated.

I have read with interest the printed report of Mr. R. Parkinson, the Chairman of the Plans and Sanitary Committee, who, along with the Inspector and myself, visited Bradford. We were all deeply

interested in the Congress, and I trust your Council will continue to send representatives to such important and highly-instructive gatherings.

In my opinion it is time and money well spent.

Water Supply.

The past year has been a memorable one for your Council, inasmuch as you have had a Special Water Committee to carry out a conjoint water scheme as suggested by the County Medical Officer.

As a result of this Committee's work, a special report on the water supply of your district was requested by the Local Government Board, and which, with map, was duly prepared by me.

The work of this Committee, with the Rev. J. G. Gardner, Chairman, was prolonged and arduous, and I am sorry to say resulted in failure.

The Fylde Water Board have refused to recognize any application from your Council with the Joint Councils of Garstang, Lancaster Rural, and Preesall Urban, and insist on the letters of their Act, for requisitionists to bring their own guarantors, for 6 per cent. on the outlay ad. lib.

The Local Government Board have informed you that as a Council or Councils you have no power to indemnify private guarantors, as had been proposed, and asked permission to do, after obtaining the authority of the Parish Meetings to adopt a water rate. It would appear that District Councils are to a great extent powerless under special circumstances and present legal powers, and it is apparently futile to promote a large comprehensive Rural water scheme in your district when a large water company has a monopoly of supply and can demand the 6 per cent. return ad. lib.

The numerous and wide-spread applications in your scattered district for a supply of pure and wholesome water cannot for the present be complied with, because owners are unable to guarantee the 6 per cent. return in perpetuity.

Mr. Balfour Brown has given the opinion that the Fylde Water Board, according to their Act, cannot enforce the 6 per cent. return beyond three years, but private guarantors could not be expected to fight this question, and as the Local Government Board say you have no power to indemnify parishes willing to be rated for it, it at present appears impossible to do more. Finally you requested an interview with the Local Government Board which was politely declined.

I cannot close without thanking you for the very keen interest you have taken in this matter, and especially the Chairman, who has taken an immense amount of trouble to obtain a good and wholesome supply of water for his own as well as other districts.

The result is disappointing to you as well as myself, and equally will it be to the County Medical Officer, who had taken a lot of trouble with this special scheme, which would, if carried out, be a great benefit to the districts concerned.

Pure water is a public and necessary commodity and essential to a healthy life, and legislation should be so directed that the fullest powers (where a good wholesome supply is available) should be given to acquire the same at a reasonable cost.

For the proposed scheme I know of no other supply of pure wholesome water than that of the Fylde Water Board.

General.

The Hambleton sewerage scheme still stands in abeyance.

No progress has been made with your proposed new Bye-Laws. Scorton and Catterall Drainage still remain incomplete.

The proposed scavenging for the different townships suggested has made no definite progress.

The question of providing a Steam Disinfector has been postponed.

Lodging Houses.

Practically only two Lodging Houses are now licensed in your district. Both are unsatisfactory, one I have condemned as unfit for use and this will shortly be discontinued.

I believe if your Council were to build a good Model Lodging House such would not only be a great public benefit but a financial success.

Something definite will have to be done on this question either by public or private enterprise.

After twenty years of experience in your district I am fully convinced that an indifferent lodging house, both in structure and maintenance is a fruitful source of disease.

The lodging-houses at Great Eccleston which used to exist of this class I condemned; no fresh ones were built; the professional itinerant has practically disappeared, and with him the diseases which he carries about or possibly generates.

Lodging accommodation must be provided, and this should be of a type to meet the class of inmate it has to receive.

A building well-lighted, ventilated, with sufficient cubic space, clean and simple, with good drainage and water.

Rural Depopulation.

Bearing upon this question, which is one of importance in your district. As depopulation of Rural Districts is now an accomplished fact, it would appear that in some quarters special efforts are being made by capitalists and manufacturers to endeavour to restore the balance by removing their places of business from the congested areas of towns and establishing what are known as garden city schemes in the country. Examples of them may be seen, such as Burroughs Wellcome & Co., the Drug Manufacturers; Sunlight Soap, and Cadbury's Chocolate. All these are prosperous going concerns, both for the employer and employed, both in health and finance, and confer a great boon in a Rural District.

At the recent meeting of the Royal Institute of Public Health, held in Liverpool, I had the pleasure of visiting Port Sunlight, which is a perfect little city of health. There are 580 houses with a population of 3,000.

The death rate in 1902 was 9.8 per 1,000.

The birth rate „ 56 „

The owners paid two-fifths of the rates of the Bebington Township, and apparently received nothing in return from the District Council, for they maintained their own roads and lighted them.

Mr. Lever maintains that the whole question of health involved the number of houses per acre, he thought the maximum should be ten; if they got twenty the death rate went up, and if fifty it became a congested area, and this condemned a number of children who came into the world to leave it very soon, and condemn many others to ineffectual and short lives.

It was apparent that at Port Sunlight they were beyond the stage of experiment, the facts were apparent and proved.

Here was health, thrift, moral and physical culture; a diminished death rate, an increased birth rate, with almost a complete absence of consumption and diseases of the infectious type.

Many parts of your district are suitable for such schemes, and it is to be hoped that these garden city schemes may become permanent institutions in England, if I may use the words "Colonize Rural England."

I now add Inspector's Report, which I consider satisfactory.

To the Garstang Rural District Council.

Gentlemen,

I herewith have pleasure in handing to you my Annual Report of the Sanitary Work in your district for the year ended the 31st December, 1903.

Infectious Diseases.—Sixty cases of Infectious Diseases in thirty-five dwellings were reported during the year; all the cases were visited, printed instructions for the prevention of the spread of disease and disinfectants were supplied in every case. The patients were, as far as possible, isolated. These precautions were practically successful in checking the spread of the diseases, except in the case of the outbreak of Typhoid Fever in Stalmine, a special report of which has been submitted to you.

Common Lodging-houses.—The two Common Lodging-houses were regularly inspected.

Slaughter-houses.—The ten Slaughter-houses in the five townships to which your Bye-Laws apply were regularly inspected and found cleanly.

When inspecting, I have examined the carcases of meat found in the Slaughter-houses, and in my opinion all such meat was fit for human food.

including three from last year, eight of which were back-to-back houses, and have been made into four cottages ; four are being repaired two new houses have been built in place of three pulled down ; one has been disinhabited, one is allowed to be occupied conditionally, and one is under consideration.

Removal of Manure improperly deposited	...	...	...	...	...	5
Old Wells cleansed	...	...	...	...	...	5
New Wells sunk	...	...	...	...	...	4
Number of Bakehouses inspected	...	...	...	...	...	11
Number of Workshops inspected	...	...	...	...	...	62
Legal Proceedings taken	...	...	...	...	...	1
Canal Boats inspected	...	...	...	...	...	45
Number of Houses Disinfected after Infectious Diseases	...	...	...	...	...	35
Number of Schools Disinfected after being closed on account of Infectious Diseases (Bonds R. C. and Winmarleigh)...	...	...	...	...	...	2

Plans.

Plans received for approval	...	...	...	...	...	...	52
Plans approved	...	...	...	...	...	...	45
Plans not approved	...	...	...	...	...	...	7

Representing :—

New Houses approved	...	...	...	...	...	...	22
New Additions to Houses approved	...	...	...	...	...	...	25
New Farm and other Buildings approved	...	...	...	...	...	...	12
New Houses not approved	...	...	...	...	...	...	3
New Additions to Houses not approved	...	...	...	...	...	...	1
New Farm and other Buildings not approved	...	...	...	...	...	...	4
Houses erected or completed during the year	...	...	...	...	...	...	20
Houses in course of erection on the 31st December, 1903	...	...	...	...	...	...	16

I am, Gentlemen,

Your most obedient servant,

JAMES COOK,

Sanitary Surveyor and

Town Hall, Garstang,

Inspector of Nuisances.

18th Feb., 1904.

I now add the various Townships with their Death Rates.

REGISTRATION DISTRICTS:—

Population of Garstang	5,311
,, ,, Stalmine	2,265
,, ,, St. Michael's	2,860
	10,436

Population, 10,436. Death Rate per 1,000...13.79

	Population.	Deaths.	Rate per 1,000
Barnacre-with-Bonds.....	1,117	17	15.21
Bleasdale	403	3	7.44
Cabus	171	3	17.54
Catterall	317	2	6.30
Claughton	561	10	17.82
Cleveley.....	62	1	16.12
Forton	539	1	1.85
Garstang	808	17	21.03
Holleth	25	Nil	Nil
Kirkland	273	6	21.97
Nateby	297	4	13.46
Nether Wyresdale	454	7	15.41
Winmarleigh	284	5	17.60
Total in Garstang District	5,311		

Bilsborrow	181	2	11.04
Great Eccleston	583	12	20.58
Inskip-with-Sowerby	450	1	2.22
Myerscough	422	6	14.18
Out Rawcliffe	705	11	15.60
Upper Rawcliffe-with-Tarnacre	518	5	9.65

Total in St. Michael's District...2,860

Hambleton	321	5	15.57
Pilling	1407	17	12.08
Stalmine-with-Staynall	537	9	16.75

Total in Stalmine District2,265

Union Workhouse 3 included in above.

One from Myerscough ; one Preesall Urban ; One Skerton.

The Death Rate is 13.79

The Birth Rate is 25.68

Deaths.		Males.	Females.	
Garstang Registration District	40	36	76	
Stalmine .. ,,, ..	18	13	31	
St. Michael's .. ,,, ..	20	17	37	
				Total...144
	Males 78.	Females 66.		
Births Registered.		Males.	Females.	
Garstang	76	63	139	
Stalmine.. ..	36	32	68	
St. Michael's.....	29	32	61	
				—
		144	127	268
	Males 141.	Females 127.		

Garstang, Kirkland and Great Eccleston held the highest death rates this year. Holleth the lowest, with no death at all.

The various forms of Tuberculosis accounts for 12 deaths ; Cancer for 7 deaths,

The latter is apparently a cause of higher mortality than in many districts, for I find in the past twenty years it accounts for 3 per cent. of the total deaths in your district, which is extremely high.

The townships mostly attacked are Pilling, Garstang, Great Eccleston, and Out Rawcliffe.

I have carefully watched this disease in your district, but have not been able to form any real definite conclusions.

It would seem that the disease is more prevalent in low-lying, flat, and damp districts, or places situated on river banks.

It is interesting to note that for twenty years no death from Cancer has been registered in Bleasdale, Catterall, Bilsborrow, Holleth and Nether Wyresdale.

During the past twenty years 101 deaths have been registered as Cancer in your district. Youngest death 24 years, oldest 90, average 60 years.

There is now an International Cancer Research Association, and it is to be hoped that some definite results may be forthcoming as to its cause and origin ; leading to treatment which may relieve much human suffering, or save or prolong life.

I find that Garstang during the past 20 years shews an average Cancer death rate of .61 per 1,000. The whole district being .47 per 1,000 of population.

The Townships chiefly affected in your district are those situated on the banks of the river Wyre, or are low-lying and flat, consequently liable to flooding and subsoil contamination.

It is a significant fact that the high-elevated districts are practically immune.

I simply call your attention to the facts as they exist in your district. Possibly further evidence may be forthcoming, at present the cause of Cancerous disease is unknown. Is it hereditary? Is it acquired, or is it in its early stage a purely local disease?

I cannot enter into these questions here. All civilized nations are working for the cause and cure of this dreadful malady. May their efforts be rewarded.

In conclusion, Gentlemen, I beg to thank you on behalf of the Inspector and myself for all your kindness and help shown us in the Sanitary work of your district.

I feel sure you are now a progressive Public Health Body, believing in good fresh air, good water and drainage, an uncontaminated subsoil, with a good dwelling in which to live, and where possible a portion of land, combine with these better communications with the more populous centres.

These are the points you must continue to work for if your population is to be restored, or even maintained, it cannot be done otherwise, but even more than this is desired (if yours as well as other Rural Districts are to prosper), your population must increase.

I cannot help feeling that unless Rural Districts can increase their population, and thereby their rate-paying powers, especially in residential property. Rural Finance must seriously suffer in these days of increasing rates.

Your district generally is a very healthy one. There are many eligible building sites, possessing railway accommodation and good water, would that they were made more use of.

I am, Gentlemen,

Yours obediently,

THOMAS FISHER.

February, 1904.

Table 1. Vital Statistics of Whole District during 1903 and Previous Years.

Year.	Population estimated to Middle of each Year.	Births.	Total Deaths Registered in the District.			Nett Deaths at all Ages belonging to District.		
			Under 1 Year of Age.	At All Ages.	Rate per 1000 Births	Number.	Rate per 1000 Births registered.	Number.
1893	12151	304	25.01	32	11.27	173	14.23	13
1894	12151	273	22.46	28	102.56	149	12.26	13
1895	12151	295	24.27	20	67.7	179	14.73	13
1896	12151	259	21.31	28	108.10	167	13.74	13
1897	12151	301	24.68	45	149.50	177	14.56	13
1898	12151	254	20.90	29	114.1	158	13.03	13
1899	12500	303	24.9	23	75.9	171	14.07	13
1900	12500	243	19.44	19	78.14	166	13.28	13
1901	10436	248	23.76	18	72.58	122	11.69	11
1902	10436	251	24.05	17	67.72	139	13.31	13
Aver- ages for years								
1893								
1902	11877.8	273.1	23.07	25.9	94.87	160	13.39	13
1903	10436	268	25.68	19	71.03	144	13.79	3

* Rates in Columns 4, 8, and 13 calculated per 1,000 of estimated population.

Total population at all ages 10436
 Number of inhabited houses cannot say / At Census of 1901
 Average number of persons per house do.

Have no means of tracing them.

Have no means of tracing them.

About 3 or 4 per ann.

Area of District in acres }
 (exclusively of area covered by water) } 57151

Table 2. Vital Statistics of separate Localities in 1903 and previous years.

Names of Localities.	YEAR.	ST. MICHAEL'S.			STALMINE.			GARSTANG.					
		a. Population esti- mated to middle of each year.	b. Births registerd.	c. Deaths at all ages.	d. Deaths under 1 year	a. Population esti- mated to middle of each year.	b. Births registerd.	c. Deaths at all ages.	d. Deaths under 1 year	a. Population esti- mated to middle of each year.	b. Births registerd.	c. Deaths at all ages.	d. Deaths under 1 year
	1893	6134	145	78	17	3245	92	45	7	2772	67	50	8
	1894	6134	135	66	12	3245	76	53	9	2772	62	30	7
	1895	6134	129	80	4	3241	101	53	11	2772	65	46	5
	1896	6134	138	87	14	3245	66	47	9	2772	55	33	5
	1897	6134	124	79	19	3245	114	54	17	2772	63	44	9
	1898	6134	114	73	8	3245	85	55	15	2772	55	30	6
	1899	6134	126	90	12	3245	111	40	8	2772	66	41	3
	1900	5311	111	80	10	2265	67	38	4	2860	65	48	4
	1901	5311	128	71	12	2265	58	21	2	2860	62	30	4
	1902	5311	133	72	7	2265	56	28	2	2860	62	39	8
Averages of Years 1893 to 1902		128.3	77.6	11.5		92.1	43.4	8.4		62.2	39	5.9	
	1903	5311	139	76	10	2265	68	31		61	37		9

Table 3. Cases of Infectious Disease notified during the year 1903.

Notifiable Disease.	Cases Notified in Whole District.				
	At all Ages.	Under 1.	1 to 5.	5 to 15.	15 to 25.
Small-pox	1				1
Diphtheria.....	6	1	2	3	
Membranous Croup	3			3	
Erysipelas	1				1
Scarlet Fever	20		4	12	2
Enteric Fever	29		1	8	13
Totals.....	60	1	10	23	17

Isolation Hospital.—None. Except for Small-pox (Conjoint) at Elswick.

Table 4. Causes of, and Ages at, Death during year 1903.

Causes of Death.	Deaths in or belonging to whole District at subjoined Ages.						
	All ages.	Under 1 year	1 & under 5	5 & under 15	15 & under 25	25 & under 65	65 & upwards.
Diphtheria & Membranous Croup	3		2	1			
Enteric Fever	3				1	2	
Epidemic Influenza.....	3					2	1
Enteritis	2	1			1		
Phthisis (Pulm. Tuberculosis)	7		0		1	5	1
Other Tubercular Diseases.....	5		1	1	2	1	
Cancer, malignant disease	7					5	2
Bronchitis	5		1			2	2
Pneumonia	9	4	2			3	
Other diseases of Respiratory Organs	1					1	
Alcoholism, Cirrhosis of Liver	1					1	
Premature Birth	7	7					
Heart Diseases.....	11					3	8
Accidents	8		2	2		3	1
All other causes	72	4	6	1	1	23	37
All causes	144	16	14	5	6	51	52

Total Deaths in Public Institutions in the District.....3.

TABLE C.

COUNTY OF LANCASTER.

Summary of Medical Officer's Report
for 1903.

RURAL SANITARY DISTRICT OF GARSTANG.

Area in Statute Acres....	57151.	Population (Census) 1901	10436
		Population (Estimated) 1903	10436

Name of Medical Officer of Health....THOMAS FISHER. Salary £70.

Births (Male 141) registered	(Female 127)	Total 268	Deaths (Male 78) registered	(Female 66)	Total 144
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Number of Illegitimate Births registered—Cannot say.

Illegitimate Deaths under one year of age—Don't know.

Birth Rate, 24.05. Death Rate 13.31.

Rate of Infant Deaths, under one year, to 1,000 Births..59.7.

Death Rate from the seven principal Zymotic Diseases per 1,000 of population, .57.

Diseases prevalent? Typhoid, Stalmine, Special.

Period? December, 1902, March, 1903.

What Action taken? Special Report. Any Schools Closed? Yes.

If so, for what Disease? Scarlet Fever, Chickenpox and Influenza.

What is the character of the Hospital Accommodation? Nil, except Smallpox (Conjoint).

Is it Joint or otherwise? Joint for Smallpox only.

Number of Beds available for the District? Nil except Smallpox.

Number of cases treated? Smallpox 1. Total 1. Deaths in Hospital? Nil.
From what causes? Nil.

How is Disinfection carried out? Houses..... Fumigation by Formalin
(Clothing, Bedding, &c.)Formalin Spray

Apparatus used? McKenzie Spray. We have no Steam Disinfector.

Number of cases of Infectious Disease Notified? 60.

Are any Diseases not specifically mentioned in the Act notifiable (for instance, Measles, Whooping Cough, Diarrhoea, Chickenpox, &c.)?

If so, what are they? No.

Has any arrangement been made for the "voluntary" notification of Phthisis? Yes.

Has any action been taken under "The Housing of the Working Classes Acts"?	No.
How many houses condemned as unfit for human habitation, and how many closed or demolished	Eighteen. Three closed and demolished.
From where is the Water Supply obtained, and what is its con- dition? Is it subject to your Inspection?	Mostly from Fylde Water Board, condition good. Yes. See Special Report issued of Conjoint Committee of Garstang and other districts.
Is Scavenging carried out satis- factorily?	Yes, where adopted.
By Sanitary Authority or Con- tract?	By Contract.
How is the Refuse disposed of?	Carted away on to the land. We have no Destructor.
What is the character of Drain- age and the form of Sewage Disposal?	Very variable.
Canal Boats (Number Inspected, &c.	Regularly inspected. 45.
What is the condition of the Bake- houses?	Good.
Any action taken with regard to Underground Bakehouses?	Don't exist.
Slaughter Houses?	Good, where Bye-laws are in force.
Lodging Houses?	Two.
Are they registered?	Yes.
Dairies, Cowsheds, & Milkshops— Are they periodically inspected? What is their condition?	Yes. Very variable.
Are they subject to Regulations made under the Order of the Local Government Board? ..	No.
What amount of air space in cubic feet is required for each cow?	Nil. Dairies and Cowsheds Order not adopted.
Have the Factories and Work- shops been Inspected, and with what result?	Yes. See Inspector's Report.
Food unfit for Human Consump- tion. Amount seized?	Nil.
Any Special Report of Medical Officer of Health during the year?	Yes. 1—One on Water Supply. 2—Re Typhoid at Stalmine.
Department of Inspectors of Nuisances	No. of Notices served..146. 2,318 Inspections made.
Smoke	No. of Nuisances remedied..257.
Has the Authority adopted— (a) "The Infectious Disease (Prevention) Act, 1890" ? ..	No. of Legal Proceedings taken and result— One. Action successful.
(b) "The Public Health Acts Amendment Act, 1890" ?....	No. of Observations No. Legal Proceedings taken and result ..Nil
	What is the time limit allowed for the emis- sion of black smoke per hour
	Yes.
	Yes.

